

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/6/01

FILED

May 05, 2001 8:00 am  
Secretary of State

04-06-2001 90042 033 \*\*\*150.00

DOCUMENT # P95000072769

1. Entity Name

BIRCHWOOD ASSOCIATES, INC.

Principal Place of Business

55 WESTON ROAD  
SUITE 309  
FT LAUDERDALE FL 33326  
US

Mailing Address

55 WESTON ROAD  
SUITE 309  
FT LAUDERDALE FL 33326  
US

2. Principal Place of Business

1725 MAIN STREET

Suite, Apt. #, etc.

SUITE 219

City & State

WESTON, FL

Zip

33326

Country

USA

3. Mailing Address

1725 MAIN STREET

Suite, Apt. #, etc.

SUITE 219

City & State

WESTON, FL

Zip

33326

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0619404

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PLEETER, LOUIS J ESQ  
2255 GLADES RD, SUITE 236-W  
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name

STUART SLUTSKY (ETP)

Street Address (P.O. Box Number is Not Acceptable)

2500 WESTON ROAD

SUITE 220

City

WESTON

FL

Zip 33331

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

STUART SLUTSKY

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-3-01

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P  
NAME COLANGELO, VINCENT  
STREET ADDRESS 55 WESTON ROAD, SUITE 309  
CITY-ST-ZIP FT LAUDERDALE FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
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CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

VINCENT COLANGELO

4-3-01 954.389.8300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)